

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2013
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT HOLY CROSS--INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00131232, IN00133245 and IN00134780 completed on 8-21-13.</p> <p>This visit was in conjunction with the Investigation of Complaint #IN00136863.</p> <p>Complaint IN00131232 - Corrected</p> <p>Complaint IN00133245 - Corrected</p> <p>Complaint IN00134780 - Corrected</p> <p>Survey date: October 23, 2013</p> <p>Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860</p> <p>Survey Team: Deb Kammeyer, RN-TC Lora Swanson, RN Julie Wagoner, RN</p> <p>Census Bed Type: SNF: 45 SNF/NF: 87 Total: 132</p> <p>Census Payor Type: Medicare: 33 Medicaid: 60 Private: 18 Other: 21 Total: 132</p>	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 Sample: 6 Sanctuary at Holy Cross was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaints IN00131232, IN00133245, and IN00134780. Quality Review completed on October 24, 2013, by Brenda Meredith, R.N.	{F 000}			